Special 510(k) for CareFineTM Pen Needle Family Including QuintaPointTM and SuperPointTM Submitted Under 21 CFR § 807.87



JUL 2 9 2014

510(k) Summary K141749

As required by the Safe Medical Devices Act (SMDA) of 1990 and in accordance with 21 CFR § 807.92, Content and Format of a 510(k) Summary, the following safety and effectiveness information is provided below:

Date Prepared:	June 26, 2014	
Submitter:	Facet Technologies, LLC	
	112 Town Park Dr.	
	Suite 300	
i i	Kennesaw, GA 30144	
	Facility Registration Number: 2082882	
Company Contact Person:	Jennifer Register	
- 1	Senior Regulatory Affairs Specialist	
A STATE OF THE STA	Phone: (770) 590-6455	
,	FAX: (770) 590-6412	
	Email: jennifer_register@facettechnologies.com	
Common Name of Device	Insulin Pen Needle	
Proprietary Name	CareFine™ Pen Needle Family including QuintaPoint™	
	and SuperPoint™	
Classification Name	Hypodermic Single Lumen Needle	
Classification Regulation	21 CFR §880.5570, Class 2	
Panel	80 General Hospital	
Product Code	FMI	

[807.92(a)(3)]

Predicate Device:

CareFine™ Pen Needle (K133100) Manufactured by Facet Technologies, LLC

CareFineTM Pen Needle with QuintaPointTM and SuperPointTM (K140568) Manufactured by Facet Technologies, LLC

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[(807.92(a)(4)]

Description of Device:

CareFineTM Pen Needles are single use, sterile medical devices designed to be used in conjunction with pen injectors and pen cartridges for the subcutaneous injection of insulin. Pen needles are used by consumers, caregivers and health care professionals. They are offered in various gauge sizes (29G, 30G, 31G and 32G) and the blue needle shield will be offered in 8mm length. CareFineTM Pen Needles are sterile by EtO terminal sterilization, and they are non-toxic and non-pyrogenic.

The pen needle assembly consists of a doubled-ended cannula that is assembled into an injection molded hub using adhesive. The hub has internal threads, which allow it to be screwed onto the pen injector device. This allows the cartridge end of the cannula to penetrate through the rubber septum of the cartridge. The patient-end and the cartridge-end of the cannula are lubricated using a silicone based lubricant for ease of injection and rubber septum penetration.

An injection-molded inner shield is assembled over the patient-end of the cannula to protect the point from damage and accidental needle-sticks. This needle assembly is inserted into a protective injection-molded outer cover and sealed with a peel-away label to provide a sterile barrier and tamper evident seal. The peel-away label is pre-printed with information, which includes the lot number, needle gauge and needle length.

The individual needle assemblies are packaged in cartons, and placed into shippers with appropriate labeling. The shipper cases are palletized and sterilized to a SAL of 10⁻⁶ by EtO terminal sterilization.

The purpose of this Special 510(k) is to request modification to our CareFine™ Pen Needle family to include blue colored inner needle shield to distinguish the 8mm needle length.

The intended use for the modified device remains the same as the predicate device.

[(807.92(a)(5)]

Intended Use / Indication for Use:

The CareFineTM Pen Needle is intended for use with a pen injector device for the subcutaneous injection of insulin.

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[(807.92(a)(6)]

Technological Characteristics:

The CareFineTM Pen Needle with blue colored needle shield is identical in composition to the CareFineTM Pen Needle family. The only difference is the blue color additive to the inner needle shield to distinguish an 8mm needle length.

The CareFine™ Pen Needle with blue colored inner needle shields are equivalent given that they:

- Have the same indication for use,
- Do not have any labeling changes that affect the intended use of the device,
- Do not alter the fundamental scientific technology,
- Incorporate the same basic design
- Use the same operating principles,
- Are manufactured from the same materials.
- Are sterilized with a resulting SAL of 10⁻⁶, and
- Are packaged using same unit and case materials.

Based on the comparisons described above to the predicate comparator device, the CareFineTM Pen Needle with blue colored inner needle shields do not raise any new issues of safety and effectiveness.

[(807.92(b)(1)]

Non-Clinical Performance Data:

Non-clinical performance data was performed and submitted with The CareFineTM Pen Needle Traditional 510(k) (K133100). The CareFineTM Pen Needle with blue colored needle shields is manufactured in accordance with the requirements of the current Good Manufacturing Practices for Medical Devices and follows 21 CFR Subpart C "Design Controls". All verification and validation activities identified by the risk analysis were performed to demonstrate continued conformance with applicable conformance standards. The principle device demonstrated equivalent performance to the predicate device during testing.

Based upon the risk analysis the following tests were performed:

Cytotoxicity	Per ISO 10993-5	
Sensitization	Per ISO 10993-10	
Intracutaneous Reactivity	Per ISO 10993-10	
Acute Toxicity	Per ISO 10993-11	
Hemocompatibility	Per ISO 10993-4	
	ASTM F756-8	
Needle Shield Assembly Strength	Internal Test Method	

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[(807.92(b)(2)]

Clinical Performance Data:

Clinical data is not required.

[(807.92(b)(3)]

Conclusion:

Based on the design equivalency and the verification and validation activities performed, Facet Technologies, LLC has determined that CareFineTM Pen Needle family with blue inner needle shields are equivalent to the predicate comparator devices currently cleared for marketing in the United States. Differences between the devices do not raise any significant issues of safety and effectiveness.

[(807.92(d)]

Other Information:

None



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

Facet Technologies, LLC
Ms. Jennifer Register
Senior Regulatory Affairs Specialist
112 Town Park Drive, Suite 300
KENNESAW, GA 30144

July 29, 2014

Re: K141749

Trade/Device Name: CareFineTM Pen Needle Regulation Number: 21 CFR 880.5570

Regulation Name: Needle, Hypodermic, Single Lumen

Regulatory Class: Class II

Product Code: FMI
Dated: June 26, 2014
Received: June 30, 2014

Dear Ms. Register:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mary S. Runner -S

Erin I. Keith, M.S.
Director
Division of Anesthesiology, General Hospital,
Respiratory, Infection Control and
Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 See PRA Statement below.

510(k) Number <i>(if known)</i>	
K141749	
Device Name	
CareFineTM Pen Needle	
Caretine Ten record	
with the Country (Describe)	
ndications for Use (Describe) The CareFine Pen Needle TM is intended for use with a pen in	inegar davice for the subsulaneous injection of inculin
The Careffine Fen Needle is intended for use with a pen in	jector device for the subcutaneous injection or insum
Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
Trescription 636 (Fatt 21 61 to 61 64 64 64 64	
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